

MULTIPLE DEPENDENT CLAIM  
CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCHED

APPLICANT(S)

10-S41466

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1										51			
2										52			
3										53			
4										54			
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42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	<i>2</i>		<i>2</i>		<i>2</i>		<i>2</i>		<i>2</i>		<i>2</i>		
TOTAL DEP.	<i>19</i>		<i>19</i>		<i>19</i>		<i>19</i>		<i>19</i>		<i>19</i>		
TOTAL CLAIMS	<i>21</i>		<i>21</i>		<i>21</i>		<i>21</i>		<i>21</i>		<i>21</i>		